



Motor Vehicle Insurance Application

MAS,
 FREEPOST 884,
 PO Box 13042,
 Johnsonville, Wellington.
 Phone 0800 800 627.
 Facsimile (04) 477 0109.
 Email info@mas.co.nz.



Important information

Please read the information below before completing this application. You have a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance.

Office use only

Member number

Policy number

Branch

Adviser

Claims grade

Package discount

Commercial use

Yes No

Classic vehicle

Yes No

Trail bike

Yes No

Member details

Title First name(s)

Surname Member number

The insured (name in full – include names of trustees if applicable)

Postal address City Postcode

To assist us to promptly process your application, please confirm your daytime contact details below.

Email address

Phone number Home Work Mobile

What is your preferred contact method? Phone Text Email

Period of insurance

From dd-mm-yyyy To dd-mm-yyyy

Insured vehicle

Type of vehicle Car 4WD/SUV Truck Van
 Road motorcycle Caravan Off-road/farm vehicle Tractor
 Other (please specify)

Make Model

CC rating Year of manufacture Registration number

What is the gross laden weight? 3.5 tonnes or less Over 3.5 tonnes

Is the vehicle subject to any financial interest by any other party? Yes* No

**If yes, please provide the name of the finance company.*

Is the vehicle used in connection with any trade or business? Yes* No

**If yes, please provide full details.*

Has the vehicle been modified in any way from the manufacturers specifications (e.g. exhaust system, lowered suspension, spoiler kit)? Yes* No

**If yes, please provide full details.*

Is the vehicle turbo or supercharged? Yes* No

**If yes, please provide full details.*

Are there any after market accessories exceeding \$1,000 fitted to the vehicle (e.g. mag wheels, in-car entertainment system)? Yes* No

**If yes, please provide full details.*

Insured vehicle (cont.)

If the vehicle is a caravan, do you wish to insure its contents?

Yes* No

**If yes, please specify contents sum insured.*

\$

What security devices are fitted to the vehicle (e.g. alarm, steering lock, immobilising devices)?

At which address is the vehicle normally parked at night?

 Postcode

Garage Driveway Street Other

Who is the registered owner of the vehicle?

Who will suffer a financial loss in the event of a claim on this vehicle (if different from above)?

Cover required

Cover type

Comprehensive Third party, fire and theft
 Third party only Fire and theft only

Is hire car cover required?

Yes No

Basis of settlement

Market value Sum insured

\$

Agreed value Sum insured

\$

Voluntary excess required

None \$200 \$500 \$1,000 \$2,000

Please note, voluntary excesses apply in addition to the standard policy excess, but do not apply to glass or locks and keys claims.

Driver details

List all drivers of the vehicle

| Full name | Date of birth | Gender (m/f) | Licence type (full, restricted, learner) | Years held | Relationship to Member |
|----------------------|---------------|----------------------|--|----------------------|------------------------|
| <input type="text"/> | dd-mm-yyyy | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | dd-mm-yyyy | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | dd-mm-yyyy | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Who will be the main driver of the vehicle?

Do all drivers hold a current New Zealand driver licence?

Yes No*

**If no, please provide full details.*

In the last five years has the principal driver, or any other person who is likely to have the use of the insured vehicle:

1. been convicted of any driving offence or has any prosecution pending (ignore parking offences)? Yes* No

**If yes, please provide full details including conviction, year and fine.*

2. incurred any speeding or speed camera fines? Yes* No

**If yes, please provide full details including conviction, year and fine.*

3. had an accident or loss in connection with a motor vehicle, whether or not a claim has been made? Yes* No

**If yes, please provide full details including conviction, year and fine.*

Who is authorised to drive this vehicle?

Any driver Any driver excluding under 25s Named drivers only

Previous insurance and criminal convictions

Have you or anyone else to be covered by this insurance, ever engaged in any criminal activity, had any criminal convictions or have any criminal prosecutions pending?

Yes* No

This information is sought subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.

**If yes, please provide full details including conviction, sentence and year.*

Does this vehicle replace a vehicle currently insured with MAS?

Yes* No

**If yes, please provide the policy number.*

Have you held motor vehicle insurance with any other insurer in the last 12 months?

Yes* No

**If yes, please provide the company name and the policy number.*

In the last five years have you, or anyone else to be covered by this insurance, suffered any loss or damage to your motor vehicle, including theft, malicious damage or burglary (regardless of whether an insurance claim was made)?

Yes* No

**If yes, please provide full details including description, year and cost.*

Have you ever had any insurer decline cover, impose special terms or refuse renewal of any policy?

Yes* No

**If yes, please provide full details.*

Is there any further information likely to affect this insurance?

Yes* No

**If yes, please provide full details.*

Declaration

Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and if so, what terms. I confirm that:

- all the answers in this application are true and correct and complete,
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

Privacy Act 1993

I understand that:

- the personal information MAS collects from me will be used by it to underwrite and administer my insurance.
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signature

Date

dd-mm-yyyy

Premium payment

How do you wish to pay your premium?

By direct debit

Frequency: Annually Monthly* Quarterly* Six-monthly*

**A payment administration fee of up to 6% plus gst will apply.*

Direct debit form completed? Yes No - please complete a direct debit form.

Annually by cheque or internet banking on receipt of renewal letter

Deduction of the first annual premium by Visa/Mastercard/Amex/Diners. A 1.75% surcharge applies to credit card payments.

Credit/debit card number Exp

I authorise the deduction of the first annual premium by credit/debit card. Please call **0800 800 627** to renew this each year.

Signature

Date

dd-mm-yyyy

Call us today:

0800 800 627

Visit us online at mas.co.nz

